

1122

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>230</u>	
District of <u>Glendale</u>	ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>230</u>	
Town of <u>Glendale</u>		Local Registrar's No. <u>230</u>	
or City of <u>Glendale</u>	(No. _____ St; _____ Ward)		
FULL NAME OF CHILD _____		Born _____ YES	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive _____ NO	
Sex of Child <u>Male</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____
Legitimate? <u>yes</u>	Date of Birth <u>5 24 1915</u>	(Month) (Day) (Yr.)	
FATHER		MOTHER	
Full Name <u>Alfonso Valenzuela</u>	Full Maiden Name <u>Julia Vazquez</u>		
Residence <u>North Glendale</u>	Residence <u>New Mexico</u>		
Color or Race <u>Mexican</u>	Age at last Birthday <u>31</u>	Color or Race <u>Mex</u>	Age at last Birthday <u>33</u>
(Years)		(Years)	
Birthplace <u>New Mexico</u>	Birthplace <u>New Mexico</u>		
Occupation <u>Miner</u>	Occupation <u>H.W.</u>		
Number of child of this mother <u>9</u>	Number of children, of this mother, now living <u>7</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>5/24 1915</u> , at <u>4 P.M.</u>			
{ *When there is no attending physician or midwife, then the householder should make this return.		(Signature) <u>H. E. Vazquez</u>	(Attending physician, midwife, householder*)
Given or christian name added from a supplemental report _____ 191 _____		Address <u>Glendale, Ariz.</u>	
051-526-853		LOCAL REGISTRAR.	
COUNTY REGISTRAR.		True Copy	
COUNTY REGISTRAR.		COUNTY REGISTRAR.	